

VOLUNTEER APPLICATION



Covenant House

Opening Doors for Homeless Youth

HUMAN RESOURCES DEPARTMENT
 5931 East Colonial Drive, Orlando, FL 32807
 PHONE (407) 736-9003 FAX (407) 736-1320
 Email: jnorth@covenanthousefl.org
 WEB SITE: <http://www.covenanthousefl.org>

Please print and complete all questions.

Last Name	First Name	Middle Name	
Address	City	State	ZIP Code
Telephone	Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain:		
e-mail address:			
Have you ever volunteered for Covenant House before? Yes ___ No ___ If yes, when and where?			
Are you a former resident? Yes ___ No ___ If yes, when and where?			
Do you have a Florida Driver's License? Yes ___ No ___			
Do you have a good driving record? Yes ___ No ___			
Are you over 21 years of age? Yes ___ No ___ (Volunteers must be over 21)			

How were you referred to Covenant House Florida?

EDUCATION	Name	Address	City	State	ZIP	Degree	Major and Honors
HIGH SCHOOL							
COLLEGE							
UNIVERSITY							
OTHER EDUCATION OR TRAINING							

List any school activities or memberships in organizations that you consider relevant to volunteering at Covenant House Florida.

List any skills that are relevant to volunteering at Covenant House Florida:

Please provide a copy of your resume, if possible.

EMPLOYMENT HISTORY

List employment for the past five years, beginning with the most recent employer.

Company:	Address:	Telephone Number:
Supervisor's Name:	E-mail:	
Dates of Employment From: To:	Briefly describe your position and responsibilities:	
Company:	Address:	Telephone Number:
Supervisor's Name:	E-mail:	
Dates of Employment From: To:	Briefly describe your position and responsibilities:	
Company:	Address:	Telephone Number:
Supervisor's Name:	E-mail:	
Dates of Employment From: To:	Briefly describe your position and responsibilities:	

VOLUNTEER EXPERIENCE

Organization:	Address:	Telephone Number:
Supervisors Name/Title		E-mail:
Dates of Service From: To:	Briefly describe your volunteer position and responsibilities:	
Organization:	Address:	Telephone Number:
Supervisors Name/Title		E-mail:
Dates of Service From: To:	Briefly describe your volunteer position and responsibilities:	

PERSONAL/PROFESSIONAL REFERENCES

** When submitting your volunteer application, please present a minimum of two letters of recommendation from individuals who have known you two years or longer. Do not list relatives. Student interns are also required to provide one professional reference. References should speak to your good moral character and be willing to recommend you for the volunteer position(s) for which are applying. Below, list the names of those individuals who have agreed to write a reference letter for you.

Name	Address	City	State	Zip
Relationship	Year's Known?	Telephone Number	E-mail:	
Name	Address	City	State	Zip
Relationship	Year's Known?	Telephone Number	E-mail:	
Name	Address	City	State	Zip
Relationship	Year's Known?	Telephone Number	E-mail:	

Please indicate which volunteer position(s) you are interested in applying for at Covenant House Florida.

Direct Care Volunteer Positions

- Education Assistant
- Pastoral Assistant
- Direct Care Assistant
- Recreation Assistant
- Other (specify); _____

Non-Direct Care Volunteer Positions

- Donation Assistant
- Housekeeping Assistant
- Food Services Assistant
- Other (specify): _____

Days/Hours available for volunteering: _____

Date you are available to begin volunteer services: _____

Are you able to commit to a set weekly schedule (minimum of 3 hours per week) for a 6 month volunteer service commitment? YES/NO

Please write a brief essay explaining why you would like to volunteer at Covenant House Florida.

The foregoing answers are complete and true. No information has been withheld which would affect my application unfavorably. Each of my former employers and all other persons having information concerning me are authorized to give this information to Covenant House Florida (CHF) and General Information Systems, Inc. (GiS). The Florida law requires Covenant House Florida to obtain personal references regarding my good moral character and I hereby authorize CHF to do so. I hereby release CHF and its agents, officers and employees from liability for any damages whatsoever incurred in obtaining all such information and references.

Having applied for volunteer service with Covenant House Florida, I understand that such service is contingent upon my fulfilling the requirement of having good moral character as established, among other things, by checking for criminal records convictions with the Florida Department of Law Enforcement and local law enforcement authorities and for all information included in the Child Abuse Registry Information System. **I understand that I will be responsible for the cost associated with instituting these background checks, and that I would be eligible for reimbursement after 90 days of volunteer service.** I give my consent to Covenant House Florida and General Information Systems, Inc. (GiS) to institute these checks. These checks are in accordance with the regulations established by the Department of Children and Families from which Covenant House Florida receives its licensing. **I am aware that I will not be permitted to begin my volunteer service with Covenant House Florida until I have been cleared by a Florida and national criminal background search.**

Applicant Signature _____ Date _____